

league baseball players who have indicated that steroid abuse is widespread. Some have said 50 percent, some 60 percent. I do not know what the exact figure is, but the perception is certainly there.

I guess recent records would lend some credibility to these allegations, because in the first 125 years of major league baseball, we had two players who hit 60 home runs or more. In the last 4 years, we have had three players who have hit over 70 home runs. Home run production has skyrocketed. Strength, size, speed has always increased. So, again, we do not know the exact figures, we do not know the exact facts, but, obviously, there is something going on here that is a matter of concern.

I think the perception of steroid abuse is damaging, because the National Football League, as has been pointed out, the National Basketball Association, the Olympics and intercollegiate athletics have tested for steroids for a number of years. It is hard to understand why all of these people would test and be very much against steroids, while Major League Baseball seems to turn their head. I cannot really understand that.

I know the intercollegiate athletic scene the best. For an average top football player in an intercollegiate athletic institution, you will find that the NCAA will test twice a year, the conference will come in and test twice a year, and the school will test two to three times a year. All of these are random, unannounced tests. When that happens, you will find that steroids abuse goes down and practically disappears, because, if it is an oil-based steroid, it is detectable for up to 12 months, and if it is a water-based steroid, it is detectable for 3 to 4 weeks. So with that frequency of testing, it is almost impossible to dodge the bullet, to use steroids and get away with it. So we think this has worked very well.

In the late '70s and early '80s occasionally you would hear rumors about this guy or that guy using steroids. He would gain weight and get stronger. We had the testing capability from the middle '80s on. From that time forward, we have seen practically no steroid abuse among NCAA athletes, at least in the football arena. Of course, if a person is caught using steroids, they are suspended automatically for at least 1 year.

There are three damaging issues regarding steroids. As has been mentioned earlier, there are severe health implications, heart disease, cancer, it caps growth of young people. But an adjunct to this is psychological. Steroids greatly increase aggression. There is something called "steroid rage," where someone is irrationally angry all of a sudden. This is something that can be caused by steroids. Suicide rates generally go up with those using steroids, and certain psychotic events occasionally occur as well.

Secondly, as has been mentioned earlier, there is the issue of competitive advantage. The thing I would like to mention is if you are a player and you are in a league where you think 30, 40, 50, 60 percent of your colleagues are using steroids, you may not want to use steroids, but you feel you have to use steroids in order to be competitive. If you can play in the league 2 more years, that may be several million dollars. If you can raise your home run average by 10 a year, your batting average by 15 percent, that also translates into huge contract increases. So I think we will find it is sort of a situation that to be competitive, you have to keep ratcheting up the steroid abuse.

The last thing I would mention, the reason I have really gotten behind this resolution is the fact that there is no question that young people look up to athletes, and if they see that home run production skyrocketing, if they see these guys getting bigger and stronger and faster and it seems as though the league is turning their head, we are sending a very powerful message to these young people that it is okay to do what you can get by with.

As the gentleman from New York (Mr. ISRAEL) mentioned earlier, we really have had a crisis of confidence in so many areas of our society, whether it be the clergy, whether it be politics, whether it be business, and we really cannot afford to have this crisis of confidence spread and affect our young people and particularly the game of Major League Baseball, so I urge support of the resolution and want to thank the gentlewoman from Connecticut (Mrs. JOHNSON) for her work in this area.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I rise today in favor of House Resolution 496, expressing the sense of Congress that Major League Baseball should implement a mandatory steroid drug testing program and ban the use of the drug from the sport.

I really do not have much to add from the very compelling speeches that we have heard here, but I am a mother of three actual high school athletes, and I would like to talk about how I think professional ballplayers' use and abuse of steroids has become a children's health issue.

Mr. Speaker, recent studies have shown that steroid use among student athletes is on the rise. Some studies have suggested as many as 12 percent of high school athletes use steroids. I believe that is a frightening statistic. Other surveys have indicated that student athletes are either unaware or unconvinced of the harmful effect of steroid use. Amazingly, among high school seniors, disapproval of steroids has

dropped from 1997, where 91 percent of high school seniors disapproved, to less than 86 percent in the year 2001, while the belief that steroids pose a great risk has fallen from 67 percent to 59 percent in the year 2001.

These numbers are very troubling. Kids are learning that steroids are acceptable and not dangerous, and from who are they learning this? They are learning from those whose athletic performance is the highest standard, those who are the role models, the professional athlete.

Either the youth of America is ignorant, or not concerned about the side effects that have been mentioned here today, stunted growth, infertility, loss of hair, increased risk of stroke, heart disease and liver cancer. More than ever, kids are emulating what they see professionals doing, and that is using and abusing steroids to enhance their athletic performance.

Mr. Speaker, the fact that our children are copying this destructive behavior should be appalling.

There is no doubt that parents, teachers and coaches need to take a tough stance on this issue. All of us have a responsibility for our children's health. But it is absolutely crucial that we have the help of professional sports players and Major League Baseball to send a strong and clear example that steroids have no place in America's athletics.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. ISAKSON). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the resolution, H. Res. 496.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

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SENSE OF CONGRESS REGARDING OVARIAN CANCER

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 385) expressing the sense of the Congress that the Secretary of Health and Human Services should conduct or support research on certain tests to screen for ovarian cancer, and Federal health care programs and groups and individual health plans should cover the tests if demonstrated to be effective, and for other purposes.

The Clerk read as follows:

H. CON. RES. 385

Resolved by the House of Representatives (the Senate concurring), That it is the sense of the Congress that—

(1) the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health—

(A) should conduct or support research on the effectiveness of the medical screening technique of using proteomic patterns in blood serum to identify ovarian cancer, including the effectiveness of using the technique in combination with other screening methods for ovarian cancer; and

(B) should continue to conduct or support other promising ovarian cancer research that may lead to breakthroughs in screening techniques;

(2) the Secretary should submit to the Congress a report on the research described in paragraph (1)(A), including an analysis of the effectiveness of the medical screening technique for identifying ovarian cancer; and

(3) if the research demonstrates that the medical screening technique is effective for identifying ovarian cancer, Federal health care programs and group and individual health plans should cover the technique.

The SPEAKER pro tempore (Mr. GRUCCI). Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H. Con. Res. 385 and to include extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H. Con. Res. 385, which expresses the support of the Congress for research on tests to screen for ovarian cancer.

Ovarian cancer ranks fifth in cancer deaths among women. Approximately 50 percent of the women in the United States diagnosed with ovarian cancer die as a result of the cancer within 5 years. The sooner ovarian cancer is diagnosed and treated, the better a woman's chance for recovery, since ovarian cancer is readily treatable when it is detectable before it has spread beyond the ovaries.

If diagnosed and treated while the cancer is still limited to the ovary, the 5-year survival rate is 95 percent. However, only 25 percent of all ovarian cancers are found at this early stage, primarily because ovarian cancer is hard to detect early. Women with ovarian cancer often do not display symptoms until the disease is in an advanced stage. Without a reliable, easy-to-administer screening tool, we will continue to lose the battle to detect and treat this cancer in its early stages.

This resolution expresses the sense of the Congress that the National Institutes of Health should conduct or support research on the effectiveness of screening technologies to detect ovarian cancer. The resolution also requests that the Secretary of Health and Human Services submit to Congress a report on this research, including an analysis on the effectiveness of these screening techniques.

Finally, the resolution states that if the research demonstrates that the screening technique is effective for identifying ovarian cancer, Federal health programs and health plans should cover this new diagnostic test.

It is important for women to get tested yearly for ovarian cancer. Effective screening techniques coupled with yearly exams will ultimately save lives. Mr. Speaker, I urge my colleagues to support this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I want to thank the gentlewoman from Connecticut (Ms. DELAURO) and the gentleman from New York (Mr. ISRAEL) for their efforts to address the need for continued research in ovarian health screening and subsequent coverage of proven testing methods by insurers.

Ovarian cancer, the deadliest of the gynecologic cancers, is the fourth leading cause of cancer deaths among American women. It is estimated there will be over 23,000 new cases that get diagnosed, approximately 14,000 deaths from ovarian cancer just in this year alone in the U.S. There is no sound screening test to accurately detect ovarian cancer in its early stages like a pap smear for the detection of cervical cancer or a mammogram to detect breast cancer. While the 5-year survival rate for women in the advanced stages of ovarian cancer is only 15 to 20 percent, for women in stage I of the disease, the 5-year survival rate approaches 90 percent.

This resolution encourages the development of an effective screening tool for ovarian cancer and promotes insurance coverage of effective screening tests. The Subcommittee on Health under the Committee on Energy and Commerce marked up this bill last week in committee. We passed it unanimously by voice vote. I urge my colleagues to support the resolution.

Mr. BILIRAKIS. Mr. Speaker, I have no further request for time, and I yield back the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 5 minutes to the gentleman from New York (Mr. ISRAEL).

Mr. ISRAEL. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, there are times when we can make a difference and sometimes it is the difference between life and death, and today is one of those days. We are considering a resolution that could begin a process that will save the lives of thousands of American women with ovarian cancer and women all over the world over the next several years.

The resolution before us, which I introduced with the gentlewoman from Connecticut (Ms. DELAURO), distinguished colleague, calls on the National Institutes of Health to conduct a complete multi-institutional trial of a potentially huge breakthrough in the early detection of ovarian cancer.

My colleagues have heard the statistics. About 75 percent of women diagnosed with ovarian cancer receive that diagnosis in the advanced stages of the disease when survival rates are only 20 percent. Ovarian cancer is the deadliest of gynecologic cancers. It is the fifth leading cause of cancer deaths among American women. One out of every 57 women are diagnosed with ovarian cancer. Last year nearly 14,000 women in America died from ovarian cancer.

The statistics are alarming, but we can do something about them tonight. Thanks to Peter Levine and Dr. Ben Hitt, a reliable method of early detection may be near and that early detection takes the survival rate from 20 percent to 95 percent. This is something that saves lives. These are statistics that we can improve.

The resolution calls for a full field test of the new ovarian cancer early detection process, and if that full trial of the simple blood test for ovarian cancer proves effective, I am going to fight to require that the blood test be given to all women as part of their annual gynecological exam and that Medicare/Medicaid and private insurance fully cover the procedure. It is a tough approach, but the time to act is now. In this case we can do something about the statistics. We can do something to save thousands of lives. We can make a difference.

Our Nation has found the resolve and the resources to tackle the most difficult problems on earth, to produce the most advanced technology, to produce the most sophisticated weapons we need to protect our national security, and now we have an opportunity, using a simple stick upon a finger, to protect the health security of nearly 14,000 women. Now is the time for us to find the resolve and the resources to protect our people and our women from the ravages of ovarian cancer.

Mr. Speaker, I want to thank the leadership of the Committee on Commerce for their bipartisan support. I want to thank the leadership of the entire Congress for their bipartisan support for this legislation that does put women ahead of politics. I urge my colleagues to support this important resolution.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from Connecticut (Ms. DELAURO), who has been one of the sponsors of this bill and has been a leader in all kinds of issues regarding women's health.

Ms. DELAURO. Mr. Speaker, I thank the gentleman from Ohio for yielding me this time.

I stand here today in thanks to the gentleman from New York (Mr. ISRAEL), and I want to express how proud I am to join with him on this resolution. I will explain why to my colleagues.

So many people here know about my own set of health circumstances. Sixteen years ago, I was diagnosed with ovarian cancer. There is a moment

when they tell you that you have cancer in which you go blank. You are not quite listening to anything that the doctor is telling you; you are only trying to figure out whether or not you are going to live or you are going to die.

Ovarian cancer is a stealth disease. It does not know a political party; it does not know age; it does not know religious background; it just strikes. What is often the case is that women do not know they have ovarian cancer until the late stages, and that is often too late. By some, I say random luck, but I always view that someone was watching over me; I was diagnosed with ovarian cancer in the first stage so that it was treatable, though 16 years ago we did not have all of the new technology and this wonderful opportunity that we have to see expanded research by looking at blood samples and determining from the protein in those blood samples whether or not you have ovarian cancer. But it was random, and no one should live or die by randomness.

We have an opportunity with this resolution to move forward in that early detection of ovarian cancer, and in these last 16 years, we have been unable to come forward with a screen, something like a mammogram which has been so helpful in determining the early stages of breast cancer so that we can save lives. That is what this resolution is about. It is about saving women's lives, because almost 14,000 women will die this year with ovarian cancer. If we had that screen, we could save 90 percent of them. They could go and be with their families, with their husbands, with their children, and have good lives.

I know my colleagues will do the right thing on this resolution. Let us take advantage of modern technology, of biomedical research, and let us bring hope to the women of this country and their survival. I say "thank you" from the bottom of my heart to STEVE ISRAEL, who asked me to join him on this resolution, and I say "thank you" to God every day for giving me my life back and my opportunity to serve in this institution, because this is the institution that can make things happen. We can save lives with this resolution.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise to support H. Con. Res. 385 which expresses the sense of Congress that the Secretary of Health and Human Services should conduct or support research on certain tests to screen for ovarian cancer, and Federal health care programs and group and individual health plans should cover the tests if demonstrated to be effective.

Experts estimate that more than 23,000 cases of ovarian cancer will be diagnosed this year with an estimated 13,900 women dying this year alone. While this is a sad reality, it is even more disturbing when we consider that ovarian cancer is a very treatable disease when it is detected early, but only 25 percent of ovarian cancer cases in the United States are diagnosed in the early stages. The vast

majorities of cases are not diagnosed until the cancer has spread beyond the ovaries, often because symptoms are easily confused with other diseases and because reliable easily administered screening tools do not exist. Ovarian cancer is the deadliest of all gynecologic cancers, and is the fourth leading cause of cancer death among women in the United States.

We all know about the remarkable scientific advances that are made each day. Today, people worried about certain illnesses may soon know for certain if they are at risk. Diseases that were once considered incurable are not preventable. Every day we are exploring new frontiers of the landscape of life and claiming new scientific victory. We are able to operate on infants still in the womb, extend the lives of heart patients with artificial hearts, and predict the development of disease through genetic coding. But there is a sad side of this story. There are diseases that do not receive the research attention that is necessary for advancement in treating and curing them. Ovarian cancer is one of those diseases.

That is why we must actively support all promising new developments in research. Scientists from the Food and Drug Administration and the National Cancer Institute reported in the February edition of *The Lancet* that patterns of protein found in patients' blood serum may reflect the presence of ovarian cancer. In the study, scientists used serum proteins to detect ovarian cancer, even at its earliest stages. Using a test that can be completed in 30 minutes with blood from a finger prick researchers were able to differentiate between serum samples taken from patients with ovarian cancer and those from unaffected patients. This test was one step in a long journey. Additional, multi-institutional trials must be completed before the scientific community can agree that this is a reliable tool. That is why this resolution is so critical. We must push to make this test available to women. Saving at least one of the 13,900 who will die has to be our motivation.

Currently, 50 percent of women diagnosed with ovarian cancer die from it within five years. When the disease is diagnosed in advanced stages, the chance of five-year survival is only 25 percent. Sadly, the situation for African American women is even more dismal. Among African American women, only 48 percent survive five years or more. Overcoming such persistent and perplexing health disparities and promoting health for all Americans must be a priority. That is why supporting research on medical screening techniques to identify ovarian cancer must rank as a priority for the Department of Health and Human Services.

Early detection of this disease is the best way to save women's lives. The Department of Health and Human Service has done remarkable work researching deadly disease like cancer, Alzheimer's, diabetes and AIDS and giving hope to so many patients through this research. This resolution asks the Secretary of Health and Human Services to focus research on this unrecognized threat to the lives of women. Specifically, the Secretary should focus research on the effectiveness of the medical screening technique of using proteomic patterns in blood serum to identify ovarian cancer.

Our scientists have tackled some of the most difficult problems known to man and have the potential to solve some of the most challenging health problems in the world. We must resolve to put all our resources behind their efforts particularly for diseases that affect populations that persistently experience health disparities.

I support this legislation and thank the sponsor Mr. ISRAEL and Ms. ROSA DELAURO who is a living testimony to how we can get results from good health care—because she is a survivor of ovarian cancer.

Mr. DINGELL. Mr. Speaker, I commend the House for taking up this resolution raising the importance of ovarian cancer research and screening.

Despite the severe consequences it poses to women's health, ovarian cancer is still under-recognized and under-researched. According to the American Cancer Society, more than 23,000 new cases of ovarian cancer will be diagnosed this year alone. An estimated 13,900 women will die of ovarian cancer in 2002, accounting for more deaths than any other cancer of the female reproductive system, and ranking as the fifth leading cause of cancer deaths in women.

Ovarian cancer is highly treatable when discovered in its earliest, most treatable stages. Unfortunately, it is seldom discovered until it has spread. Only 78 percent of ovarian cancer patients survive one year and just over 50 percent survive five years after diagnosis.

Currently, no simple standardized tests exist to detect ovarian cancer the way mammography can reliably check for breast cancer. This is why it is essential that Congress commit itself to research in the early detection of ovarian cancer.

The good news is that since 1991, the ovarian cancer incidence rate has been on the decline. The best way to ensure the continuation of these waning numbers is to invest in improved testing and research. With multiple means of early detection on the horizon, it is essential that we address this important issue as soon as possible. I urge my colleagues to join me in support of this resolution.

Mrs. MINK of Hawaii. Mr. Speaker, I rise today to ask all of my colleagues to vote for H. Con. Res. 385, which calls upon the Secretary of Health and Human Services to conduct or support research on certain tests to screen for ovarian cancer and to ensure that Federal health care plans and group and individual health plans cover the tests if they are demonstrated to be effective. I am a proud co-sponsor of this important legislation.

As many of my colleague know, increasing research funding for ovarian cancer, especially for development of an early detection test, has been among my top legislative priorities for the past decade. My bill, H.R. 326, the Ovarian Cancer Research and Information Amendments Act, has 142 co-sponsors. I have introduced a similar bill in each Congress, beginning in 1991.

I was thrilled to learn in February of this year of a blood test developed by Correlogic Systems Inc. of Bethesda, Maryland which has been studied by researchers at the National Cancer Institute and the Food and Drug

Administration. In the study, scientists used a protein pattern they developed to classify 116 blood samples that were known to include 50 cancerous samples and 66 noncancerous samples. The test correctly identified the 50 cancerous samples and correctly identified 95 percent of the control sample as noncancerous.

It is urgent that large-scale testing of this technology be begun as soon as possible. As this test only requires a blood test, it will at last enable the widespread screening needed to identify this disease in its earliest and most curable stage. In particular, we should make the test available as soon as possible to those with increased risk factors for ovarian cancer.

Approximately 23,000 women in the United States are expected to be diagnosed with ovarian cancer this year and some 14,000 women will die from the disease. Ovarian cancer is the most lethal cancer of the female reproductive system, primarily because it is so difficult to detect in its early stages. While survival rates are quite high if the disease is found before it spreads beyond the ovaries, the five-year survival rate drops to 28 percent for women who are diagnosed and treated in the later stages of the disease. Only 25 percent of ovarian cancer cases are caught in the earliest stage. This test could change these frightening statistics and lead to the declines in mortality we've seen since widespread use of early detection tests for cervical and breast cancer.

I commend Representatives ISRAEL and DELAURO for introducing this bill and urge all of my colleagues to support it.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 385.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

NURSE REINVESTMENT ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 3487) to amend the Public Service Act with respect to health professions programs regarding the field of nursing.

The Clerk read as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Nurse Reinvestment Act".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—NURSE RECRUITMENT

Sec. 101. Definitions.

Sec. 102. Public service announcements regarding the nursing profession.

Sec. 103. National Nurse Service Corps.

TITLE II—NURSE RETENTION

Sec. 201. Building career ladders and retaining quality nurses.

Sec. 202. Comprehensive geriatric education.

Sec. 203. Nurse faculty loan program.

Sec. 204. Reports by General Accounting Office.

TITLE I—NURSE RECRUITMENT

SEC. 101. DEFINITIONS.

Section 801 of the Public Health Service Act (42 U.S.C. 296) is amended by adding at the end the following:

"(9) AMBULATORY SURGICAL CENTER.—The term 'ambulatory surgical center' has the meaning applicable to such term under title XVIII of the Social Security Act.

"(10) FEDERALLY QUALIFIED HEALTH CENTER.—The term 'Federally qualified health center' has the meaning given such term under section 1861(aa)(4) of the Social Security Act.

"(11) HEALTH CARE FACILITY.—The term 'health care facility' means an Indian Health Service health center, a Native Hawaiian health center, a hospital, a Federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a State or local department of public health, a skilled nursing facility, an ambulatory surgical center, or any other facility designated by the Secretary.

"(12) HOME HEALTH AGENCY.—The term 'home health agency' has the meaning given such term in section 1861(o) of the Social Security Act.

"(13) HOSPICE PROGRAM.—The term 'hospice program' has the meaning given such term in section 1861(dd)(2) of the Social Security Act.

"(14) RURAL HEALTH CLINIC.—The term 'rural health clinic' has the meaning given such term in section 1861(aa)(2) of the Social Security Act.

"(15) SKILLED NURSING FACILITY.—The term 'skilled nursing facility' has the meaning given such term in section 1819(a) of the Social Security Act."

SEC. 102. PUBLIC SERVICE ANNOUNCEMENTS REGARDING THE NURSING PROFESSION.

Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) is amended by adding at the end the following:

"PART H—PUBLIC SERVICE ANNOUNCEMENTS

"SEC. 851. PUBLIC SERVICE ANNOUNCEMENTS.

"(a) IN GENERAL.—The Secretary shall develop and issue public service announcements that advertise and promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals to enter the nursing profession.

"(b) METHOD.—The public service announcements described in subsection (a) shall be broadcast through appropriate media outlets, including television or radio, in a manner intended to reach as wide and diverse an audience as possible.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007.

"SEC. 852. STATE AND LOCAL PUBLIC SERVICE ANNOUNCEMENTS.

"(a) IN GENERAL.—The Secretary may award grants to eligible entities to support State and local advertising campaigns through appropriate media outlets to promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals from disadvantaged backgrounds to enter the nursing profession.

"(b) USE OF FUNDS.—An eligible entity that receives a grant under subsection (a) shall use funds received through such grant to acquire local television and radio time, place advertisements in local newspapers, or post information on billboards or on the Internet in a manner intended to reach as wide and diverse an audience as possible, in order to—

"(1) advertise and promote the nursing profession;

"(2) promote nursing education programs;

"(3) inform the public of financial assistance regarding such education programs;

"(4) highlight individuals in the community who are practicing nursing in order to recruit new nurses; or

"(5) provide any other information to recruit individuals for the nursing profession.

"(c) LIMITATION.—An eligible entity that receives a grant under subsection (a) shall not use funds received through such grant to advertise particular employment opportunities.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2003 through 2007."

SEC. 103. NATIONAL NURSE SERVICE CORPS.

(a) LOAN REPAYMENT PROGRAM.—Section 846(a) of the Public Health Service Act (42 U.S.C. 297n(a)) is amended—

(1) in paragraph (3), by striking "in an Indian Health Service health center" and all that follows to the semicolon and inserting "at a health care facility with a critical shortage of nurses"; and

(2) by adding at the end the following: "After fiscal year 2007, the Secretary may not, pursuant to any agreement entered into under this subsection, assign a nurse to any private entity unless that entity is nonprofit."

(b) ESTABLISHMENT OF SCHOLARSHIP PROGRAM.—Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended—

(1) in the heading for the section, by striking "LOAN REPAYMENT PROGRAM" and inserting "LOAN REPAYMENT AND SCHOLARSHIP PROGRAMS";

(2) by redesignating subsections (d), (f), (g), and (h) as subsections (f), (h), (i), and (g), respectively;

(3) by transferring subsections (f) and (g) (as so redesignated) from their current placements, by inserting subsection (f) after subsection (e), and by inserting subsection (g) after subsection (f) (as so inserted); and

(4) by inserting after subsection (c) the following subsection:

"(d) SCHOLARSHIP PROGRAM.—

"(1) IN GENERAL.—The Secretary shall (for fiscal years 2003 and 2004) and may (for fiscal years thereafter) carry out a program of entering into contracts with eligible individuals under which such individuals agree to serve as nurses for a period of not less than 2 years at a health care facility with a critical shortage of nurses, in consideration of the Federal Government agreeing to provide to the individuals scholarships for attendance at schools of nursing.

"(2) ELIGIBLE INDIVIDUALS.—In this subsection, the term 'eligible individual' means an individual who is enrolled or accepted for enrollment as a full-time or part-time student in a school of nursing.

"(3) SERVICE REQUIREMENT.—

"(A) IN GENERAL.—The Secretary may not enter into a contract with an eligible individual under this subsection unless the individual agrees to serve as a nurse at a health care facility with a critical shortage of nurses for a period of full-time service of not less than 2 years, or for a period of part-time service in accordance with subparagraph (B).

"(B) PART-TIME SERVICE.—An individual may complete the period of service described in subparagraph (A) on a part-time basis if the individual has a written agreement that—

"(i) is entered into by the facility and the individual and is approved by the Secretary; and

"(ii) provides that the period of obligated service will be extended so that the aggregate amount of service performed will equal the amount of service that would be performed through a period of full-time service of not less than 2 years.

"(4) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of subpart III of part D of title III shall, except as inconsistent with this section, apply to the program established in paragraph (1) in the same manner and to the same